

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32612

Registrar's No.

2733

Registration District No.

Primary Registration District No.

6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6205 Wells Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME ABBIE M. PURL.

3. (b) If veteran, name was None 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. divorced Widowed
6. (b) Name of husband or wife. Charles W. Purl. 6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased. June 22, 1871.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 9 hr. min.

9. Birthplace ? 0 Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Hugh Pruitt.
13. Birthplace ? 1 Kentucky.
(City, town, or county) (State or foreign country)
14. Maiden name Jane Hall.
15. Birthplace ? 1 Tennessee.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Marion L. Purl.
(b) Address 5242 Eltha Avenue.

17. (a) Burial (b) Date thereof 10-1-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) OCT 4 - 1943 (b) George C. Ponceville
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6205 Wells Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st.
year 1943 hour 1 minute 20 AM.

21. I hereby certify that I attended the deceased from 9-14- 1943 to 9-30- 1943
that I last saw her alive on 9-30- 1943
and that death occurred on the date and hour stated above.
Immediate cause of death La Grippe

Due to cold.
Due to cold.

Other conditions 33 L
(Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy /

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) /
(b) Date of occurrence /
(c) Where did injury occur? / (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? / (e) Means of injury 6
23. Signature George C. Ponceville (M. D. or other)
Address 6121 Easton Ave. Date signed 10-1-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. George Tracewell.
6121 Easton Ave.
9 to 10.30 A.M.
Mulberry 6044

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.